## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE JAN 1 2 2007

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

NSTRUCTIONS: This ppropriate. All further ndicated unless correcte naintenance fee notifica	ed below or directed oth	or transmitting the ISSU ig the Patent, advance of ierwise in Block 1, by (a	UE FEE and PUBLICAT rders and notification of a pecifying a new corre	ON FEE (if requi maintenance fees w spondence address;	ired). Blovill be ma and/or (b	cks 1 through 5 shiled to the current o) indicating a sepa	nould be completed where, correspondence address as rate "FEE ADDRESS" for	
	ENCE ADDRESS (Note: Use Bl		Fcc pap	(s) Transmittal. Thi	is certifica I paper, su	ite cannot be used fouch as an assignmen	r domestic mailings of the or any other accompanying nt or formal drawing, must	
South Winton ( Suite 204 3136 Winton Ro	oad South		I ho Sta add trar	reby certify that the es Postal Service we ressed to the Mail	is Fec(s) ' vith suffic	Mailing or Transi Transmittal is being ient postage for firs SUE FEE address 273-2885, on the da	mission deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.	
Rochester, NY 1			Tammy S. Moynihan			(Depositor's name)		
01/16/2007		10698294		January	15. N	rognich	(Signature)	
01 FC:2501 02 FC:1504	700.00 DA 300.00 DA			January	9 '	2007	(Date)	
APPL <b>Q3</b> AFQx80Q1	ны № ОРАТЕ		FIRST NAMED INVENTOR		ATTORN	EY DOCKET NO.	CONFIRMATION NO.	
10/698,294	10/31/2003		James M. Zavislan		ΜΊ	0434DIV	1407	
TITLE OF INVENTION	I: CELLULAR SURGER	Y UTILIZING CONFO	CAL MICROSCOPY					
APPLN. TYPE	SMALL ENTITY	ISSUE FÉE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300	\$0		\$1000	01/10/2007	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	]				
SMITH, RUTH S 3737			600-476000	-				
. Change of correspond CFR 1.363).	ence address or indicatio	n of "Fee Address" (37.	2. For printing on the			1 KENNE	THE TOTAL PROPERTY OF THE PROP	
	oondence address (or Cha B/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
			THE PATENT (print or ty					
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NC	data will appear on the port of the port o	atent. If an assign assignment.	ice is iden	tified below, the de	ocument has been filed for	
(A) NAME OF ASSI			(B) RESIDENCE: (CIT					
LUCID, II	NC.		ROCHEST	ER, NEW Y	ORK			
Please check the appropri	riate assignee category or	categories (will not be p	printed on the patent):	Individual 🖾 Co	orporation	or other private gro	oup entity Government	
ta. The following fee(s)  ☐ Issue Fee ☐ Publication Fee (N) ☐ Advance Order	No small entity discount p		b. Payment of Fcc(s): (Ple A check is enclosed. Payment by credit ca The Director is hereb overpayment, to Dep	rd. Form PTO-2038	3 is attach	ed. quired fee(s), any de		
	atus (from status indicate		☐ b. Applicant is no lo	ger claiming SMA	LL ENTI	ΓY status. Sec 37 Cl	FR 1.27(g)(2)	
NOTE: The Issue Fee an	nd Publication Fee (if req	uired) will not be accepte	ed from anyone other than				ne assignee or other party in	
•	ν	tes Patent and Trademark	k Office.	- 01	/ 🛆 🖰	/2007	<del></del> .	
Authorized Signature  Typed or printed name		J. LuKacher		Date <u>U1</u> Registration N	/ 09	38,539	·····	
•• •			ion is required to obtain or	_	-		d by the USPTO to process)	
		za a a a za a a a a mo minoriman	on is required to count of			ine fam	, p )	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity) (37 C.F.R. 1.311)							Docket No. ML-0434DIV	
Δnr	licant(s): Jame	s M. Zavislan et al.				-1		
791								
Αŗ	oplication No.	Filing Date	Examine	r	Customer No.	Group Art Unit	Confirmation No	
	10/698,294	10/31/2003	Ruth S. Sm	nith	024,902	3737	1407	
Inve	ention: CELLU	JLAR SURGERY UT	ILIZING CONFO	CAL MICE	ROSCOPY		<u></u>	
	PE		••					
<u> /</u> 0	Espera							
1 SANTA	AN 1 2 2001		COMMISSIONE	30x 1450	ATENTS			
Trar ⊠		th are the following fo insmittal Form PTOL		ied applica	ation.			
<b>⊠</b>	Utility Fee:	\$ 700.00	_			Plant Fee:		
×	Publication Fe			,				
$\boxtimes$	A check in the		06.00 is attac	ched. ФТ s	sue Fee, P	ub. Fee. 2	conies)	
$\boxtimes$		s hereby authorized t				50-1101	_	
		arge the amount of				·		
		edit any overpayment						
		arge any additional fe						
		redit card. Form PTC	-					
_	WARNING: In	formation on this f	orm may become	public. C			ot be	
	included on t	this form. Provide c	redit card informa	ation and	authorization or	PTO-2038.	<b>.</b>	
),	/ /	711			_	•	•	
$\underline{\Gamma}$	1.	2/2		Dated	$\frac{1}{2}$ January $\frac{9}{2}$	2007		
Ke	nneth J. LuKac	<i>Signature</i> her						
	torney for Appli							
	gistration No. 38		Th	e PTO dic	not receive the	following		
	uth Winton Cou	•	list	ted Item(:	B)-ike ik fo	1\$1.006.00		
	s6 Winton Road chester, New Yo	South, Suite 301			V			
	lephone: 585-42							
Fa	csimile: 585-42	24-6196						
KJI	L/tsm					•		
CC:								
					•			
		ficate of Transmission by ertificate may only be us by deposit account	ed if paying		Certificate of Mail	ing by First Class I	Mail	
	account is being	this document and aug facsimile transmitted	thorization to charge		eby certify that this he United States Pos			
	and Trademark on	Office (Fax		Fee,	class mail in an envi Commissioner for Pa 3-1450" [37 CFR 1.8	tents, P.O. Box 1450	' 11	
	(7)				01/ <b>9</b> /2007		,	
	(Date) .				(Date)	- M.	` /	
					1ammy 2	S. Illopu	han	
		Signature			Signature of Vers	ion Mailing Correspon	ndence	
						y S. Moynihan		
	1 yped or Pri	inted Name of Person Sign	ng Certificate		yped or Printed Name	of Person Mailing Co	rrespondence	